Name In Full

Certificate of Death

Mrs. J. Edward Berkwith

Died at Town: Easton County: Talbot MARYLAND

Month	Dey	Y.	M.	D.	Native of	Occupetion
12	21					

Date 189 9 Age

~~Male~~ / Female

White / ~~Colored~~

Married / ~~Single~~

~~Widow~~ / ~~Widower~~

~~Divorced~~

Number of children living 9

Husbend of
Wife

Father's Name

Mother's Name

Cause of Death: Primery 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Easton Ledger 12-28

Address

Must be signed by physician, if any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Name in Full — Certificate of Death

Haddaway Lewell Cooper

Died at Town: Easton — County: Talbot — MARYLAND

Date 189 9 — Month 12 — Day 23 — Age Y. 72 M. D. — Native of — Occupation

Male / ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living 2

Husband of Wife

Father's Name

Mother's Name

Cause of Death — Primary: heart disease 57 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Easton Ledger 12-28

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79P98

Name in Full — Certificate of Death

Charles Cornely

Died at — Town: Easton — County: Talbot — MARYLAND

Date 189 9 — Month: Dec — Day: 1 — Age: Y. 64 M. D. — Native of: Dorchester Co — Occupation: Laborer

Male / ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ — Widow / ~~Widower~~ — ~~Divorced~~ — Number of children living 3

Husband of / ~~Wife~~ Julia L. Cornely

Father's Name: Henry Small — Mother's Name: Elizabeth Small

Cause of Death — Primary: Peritonitis — How long sick: 1 week

Immediate: Heart Failure — Accident, Suicide, Homicide

Reported by: F. B. Meredith

Address: Easton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Annie Downes

Certificate of Death

Died at Town Easton County Talbot MARYLAND

Date 189 Month Dec Day 17th, Age Y. 17 M. D. | Native of Md | Occupation Servant

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Owen Downes

Mother's Name Mary Downes

Cause of Death { Primary Typhoid fever

Immediate Exhaustion

How long sick 8 wks

Accident, Suicide, Homicide

Reported by Julius A. Johnson

Address Easton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65068

Name in Full

Certificate of Death

*5856 Howard Fisher

Town: Cavell

County: Jal &.

Died at MARYLAND

Date 189 9 — Month: Dec. — Day: 26 — Age: Y. 43 M. — D. — — Native of: Baltimore — Occupation: Confectioner

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name

Mother's Name

Cause of Death — Primary: Pul. Tuberculosis 22a — How long sick: Entered Dec. 2nd 99

Immediate: Asthma

Accident, Suicide, Homicide

Reported by Dr. T. H. Brown. Visiting Physician

Address to St. Agnes Hospital.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72868

Name in Full — Certificate of Death

Sally Gale

Died at Town Annapolis County Talbot — MARYLAND

Date 189 9 Month Dec. Day 16th Age Y. 65 M. - D. - | Native of Md | Occupation Servant

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | Widow | ~~Divorced~~

~~Husband~~ Wife of Joseph Gale

Father's Name Wm Lampson

Mother's Name Nanny Lampson

Cause of Death — Primary: Bright's disease

How long sick 2 yr

Immediate: Pneumonia

~~Accident, Suicide, Homicide~~

Reported by Julius A. Johnson M.D.

Address Easton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 64000

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Name in Full

Certificate of Death

Chas. Miller

Died at Town near Stoddard County Talbot MARYLAND

Date 1899	Month 12	Day 16	Age Y. 62 M. D.	Native of	Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

Husband of

Wife

Father's Name

Mother's Name 1101

Cause of Death — Primary: Complication of diseases — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Cecil Athey 12-23

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79HR

Name in Full

Certificate of Death

Harvey Mills.

Died near Town Trappe County Talbot MARYLAND

Date 1899	Month	Day	Age	Y.	M.	D.	Native of	Occupation
	12	9-		5	1	2	Talbot Co-	—

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Levin Mills.

Mother's Name Harriet. Mills-

Cause of Death: Primary — Swallowed boiling tea-

Immediate — Laryngeal Stenosis-

How long sick 4 hours-

Accident, ~~Suicide~~, ~~Homicide~~

Reported by Joseph A Rose Jr M D-

Address Trappe Talbot Co, Md-

Must ba signed by physician, if any in attendanca, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

John Nichols

Died at Town: Oxford County: Talbot MARYLAND

Date 1899 Month: Dec. Day: 4 | Age Y.: 75 M.: 10 D.: 28 | Native of: Talbot Co Md | Occupation: Builder

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 4

Husband / Wife of Sarah E. Stevens

Father's Name James Nichols

Mother's Name Susan Stokes

Cause of Death: Primary Diabetes and Rheumatism — How long sick One year six months

Immediate Pneumonia — ~~Accident, Suicide, Homicide~~

Reported by J. A. Stevens

Address Oxford

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mrs. Julia A. Seymour

Certificate of Death

Died at Town Talbot County MARYLAND

Date 189 9 Month 10 Day 30 | Age Y. 8 M. 8 D. | Native of | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ | Widow / ~~Widower~~ | ~~Divorced~~

Number of children living

Husband of Wife Jno Seymour

Father's Name

Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Comet and Advertiser 1-6

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898